

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LONGVIEW TERRACE II (0008920)

Address: 3136 LONGVIEW LN BLDG B, SUAMICO, WI 54173

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097035 **End Date:** 05/16/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095739 **End Date:** 10/05/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007199 Served 10/20/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(4)(b)	INDEPENDENT LIVING SKILLS	05/10/2006	Yes
83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES	05/10/2006	Yes
83.35(12)	PEST CONTROL	05/10/2006	Yes
83.41(10)(a)	BUILDING MAINTENANCE	05/10/2006	Yes

Survey ID: 0093347 **End Date:** 09/02/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0092946 End Date: 06/28/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006986 Served 08/24/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	08/22/2005	Yes

Survey ID: 0091252 End Date: 10/01/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006900 Served 11/06/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/28/2004	Yes
83.14(5)	TRAINING NOT AFFILIATED WITH CBRF	07/28/2004	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	07/28/2004	Yes
83.35(3)(a)	MENU PLANNING	07/28/2004	Yes

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CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 10/19/2005 **SOD #10007199** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.33(4)(b)

Date: 10/22/2003 **SOD #10006900** **Appealed: No**

Sanctions

FORFEITURE---83.14(4)(a)

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 03/29/2006

Date Investigation Completed: 05/16/2006

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/16/2005

Date Investigation Completed: 10/05/2005

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/19/2005

Date Investigation Completed: 10/05/2005

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/12/2004

Date Investigation Completed: 09/02/2004

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/08/2004

Date Investigation Completed: 07/09/2004

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/15/2003

Date Investigation Completed: 10/16/2003

Subject Area(s)
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Date Complaint Received: 08/05/2003

Date Investigation Completed: 10/16/2003

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/22/2003

Date Investigation Completed: 10/16/2003

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10006900

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